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BIBDATASHEET

CONFIRMATION NO. 2041

Bib Data Sheet

SERIAL NUMBER 10/535,039	FILING OR 371(c) DATE 05/03/2006 RULE	CLASS 514	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 23299
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**** CONTINUING DATA *******

This application is a 371 of PCT/HU03/00096 11/13/2003

**** FOREIGN APPLICATIONS *******

HUNGARY P0203929 11/13/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 08/05/2006**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY HUNGARY	SHEETS DRAWING 1	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 2	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

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535

TITLE
Substituted alkyl-pyridazinones for the treatment of memory and learning malfunctions

FILING FEE RECEIVED 1990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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